

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
OCT 1 02013
Bayfield Co. Zoning Dept.

Permit #:	13-0371
Date:	10-23-13
Amount Paid:	16-11-13 675.00
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: KEVIN NYARA	Mailing Address: 1913 260 th AV	City/State/Zip: LUCA WI 54853	Telephone: 715-372-8369
Address of Property: 61835 HDRSTMAN RD.		City/State/Zip: MASON WI 54856	Cell Phone:
Contractor: DAVIS BUILDERS	Contractor Phone: 715 372 8389	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION: NE 1/4, NE 1/4 LESS NE 1/4		PIN: (23 digits) 04 016-2-46-07-14-1-01-000-2000	Recorded Document: (i.e. Property Ownership) Volume 554 Page(s) 193
Section 14, Township 46 N, Range 7 W	Town of: DELTA		Lot Size: Acreage 30

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue -->	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue -->	Distance Structure is from Shoreline: feet		

Value at Time of completion * include donated time & material \$ 15,000	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: SEPTIC	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)		
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)		
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Compost Toilet		
	<input type="checkbox"/> Foundation			<input type="checkbox"/> None		

Existing Structure: (if permit being applied for is relevant to it)	Length: 32'	Width: 24'	Height: 16'
Proposed Construction:	Length: 14'	Width: 24'	Height: 16'

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X)	
	Residence (i.e. cabin, hunting shack, etc.)	() X)	
	with Loft	() X)	
	with a Porch	() X)	
	with (2 nd) Porch	() X)	
	with a Deck	() X)	
	with (2 nd) Deck	() X)	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	() X)	
	Mobile Home (manufactured date)	() X)	
<input checked="" type="checkbox"/> Addition/Alteration	Specify: 4 SEASON PORCH	(14 X 24)	336
<input type="checkbox"/> Accessory Building	Specify: _____	() X)	
	Accessory Building Addition/Alteration Specify: _____	() X)	
Rec'd for Issuance			
OCT 11 2013	Special Use: (explain) _____	() X)	
	Conditional Use: (explain) _____	() X)	
Secretarial Staff	Other: (explain) _____	() X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature] Date: 10-3-13
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: _____
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: Scott Davis, 13940 Scenic Dr., Iron River
Copy of Tax Statement ☒

W I 154847 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE
SANTAEY DUE 9-22-13

Attach
Copy of Tax Statement ☒

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

see attachment

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	291 Feet	Setback from the Lake (ordinary high water mark)	N/A Feet
Setback from the Established Right-of-Way	265 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	277 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	340 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	1014 Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	291 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	5' Feet	Setback to Well	25 Feet
Setback to Drain Field	10' Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>299251</u>	# of bedrooms: <u>2</u>	Sanitary Date: <u>8-13-98</u>	
Permit Denied (Date):		Reason for Denial:			
Permit #: <u>130371</u>		Permit Date: <u>10-23-13</u>			
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		
Inspection Record: <u>Meta all setbacks,</u>		Zoning District (A-1) Lakes Classification (NA)			
Date of inspection: <u>10-9-13</u>		Inspected by: <u>MM. Fuchs</u>		Date of Re-Inspection:	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)					
Signature of Inspector: <u>Michael J. Fuchs</u>		Date of Approval: <u>10-10-13</u>			
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>	



SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

OCT 15 2013

Bayfield Co. Zoning Dept.

Permit #	13-0367
Date:	10-01-13
Amount Paid:	\$240
Refund:	10-15-13

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>STEPHEN B. BRILLA JR.</u>	Mailing Address: <u>513 WILKIS AVE</u>	City/State/Zip: <u>ASHLAND WI 54806</u>	Telephone: _____
Address of Property: <u>CO. H.</u>	City/State/Zip: <u>DELTA WI</u>	Cell Phone: <u>715-209-0494</u>	
Contractor: <u>DELTA CONSTRUCTION INC.</u>	Contractor Phone: <u>715-682-7875</u>	Plumber: _____	Plumber Phone: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>LES BRYANT</u>	Agent Phone: <u>715-209-7411</u>	Agent Mailing Address (include City/State/Zip): <u>50161 ST. MARY 13 ASHLAND WI</u>	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: <u>SE 1/4, SW 1/4</u>	Legal Description: (Use Tax Statement) <u>PLN: (23 digits) 04-616-2-46-07-11-3 04-000-1000 Volume 1074</u>	Recorded Document: (i.e. Property Ownership) <u>1324</u>	Pages: <u>128</u>
Section <u>11</u> , Township <u>46</u> N, Range <u>07</u> W	Town of: <u>DELTA</u>	Lot Size: <u>1324</u>	Acres: <u>40 acres</u>
<input type="checkbox"/> Shoreland → <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: _____ feet	

Value at Time of Completion * include donated time & material	Project (What are you applying for)	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>80,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal <input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
		<input type="checkbox"/> Foundation		<input checked="" type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: <u>60'</u>	Width: <u>40'</u>	Height: <u>18'</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property)	(<u>60</u> x <u>40</u>)	<u>2,400</u>
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(_____ x _____)	
	with Loft	(_____ x _____)	
	with a Porch	(_____ x _____)	
	with (2 nd) Porch	(_____ x _____)	
	with a Deck	(_____ x _____)	
	with (2 nd) Deck	(_____ x _____)	
<input type="checkbox"/> Commercial Use	with Attached Garage	(_____ x _____)	
	Bunkhouse w/ (<input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	(_____ x _____)	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date) _____	(_____ x _____)	
	<input type="checkbox"/> Addition/Alteration (specify) _____	(_____ x _____)	
	Accessory Building (specify) <u>garage</u>	(_____ x _____)	<u>3400</u>
	Accessory Building Addition/Alteration (specify) _____	(_____ x _____)	
Rec'd for Issuance	Special Use: (explain) _____	(_____ x _____)	
	Conditional Use: (explain) _____	(_____ x _____)	
OCT 21 2013	Other: (explain) _____	(_____ x _____)	
Secretarial Staff			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) and (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):

Stephen Brilla Jr.

Date

10/15/13

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

10/15/13

Address to send permit

50161 St. Mary 13 Ashland WI 54806

Attach

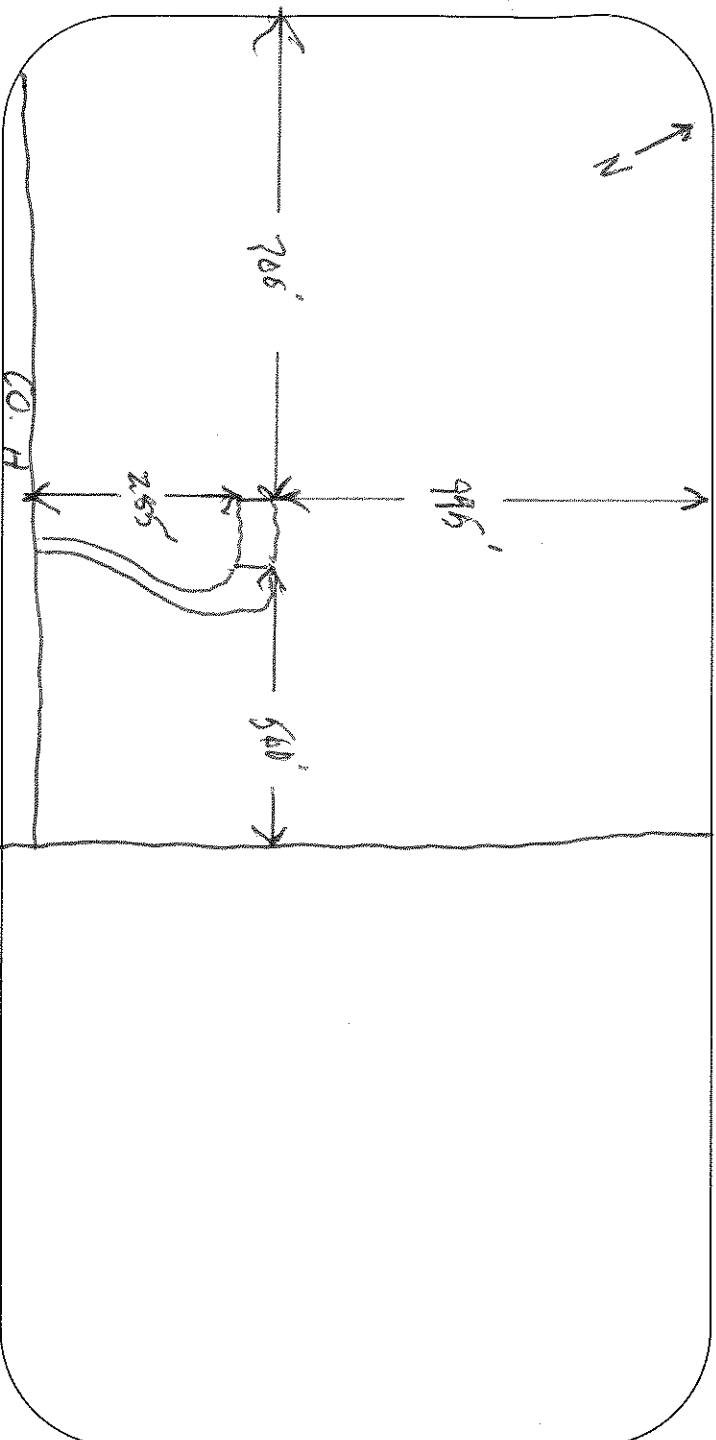
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	295 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	242 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	345 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	265 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	200 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	300 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:		
Permit Denied (Date):		Reason for Denial:					
Permit #: 13-0367		Permit Date: 10-21-13					
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)		Case #:		Previously Granted by Variance (B.O.A.)		Case #:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record:							
Date of inspection: 10-18-13		Inspected by: M. Fuchs		Zoning District (A-1)		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Lakes Classification (NA)					
Signature of Inspector: Michael Fuchs		Date of Approval: 10-21-13					
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	

May not be used for human habitation. No water under pressure in structure.